

TRANSMITTAL LETTER
P00000030018

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300003175323--6
-03/20/00--01064--013
*****87.50 *****87.50

SUBJECT: ADOLINE SIGNALS, Inc.
(Proposed corporate name - must include suffix)

FILED
00 MAR 20 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Jeffrey W. Buckholz
Name (Printed or typed)

3585 Kori Road
Address

JACKSONVILLE FL 32257
City, State & Zip

904-886-2171
Daytime Telephone number

Jeffrey Buckholz GAVE
AUTHORIZATION BY PHONE TO
CORRECT Suffix
DATE 3-24-00
DOC. EXAM CB

NOTE: Please provide the original and one copy of the articles.

CB
3-24-00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ADOLINE SIGNALS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3585 Kori Road
JACKSONVILLE FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

construction of Traffic Signals AND misc devices

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Jeffrey W. Buckholz sole-officer/director

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Jeffrey W. Buckholz
3585 Kori Road
JACKSONVILLE FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Jeffrey W. Buckholz
11701 Tierra Verde Ln
JACKSONVILLE FL 32258

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Signature/Incorporator

3-14-00

Date

3-14-00

Date

FILED
00 MAR 20 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA